

## STATE OF MONTANA VENDOR REGISTRATION

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Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Ordering Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Remitting Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID/SSN #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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### Vendor Quote Group Selection

Please list the vendor quote group and item numbers you wish to bid. (See Vendor Quote Groups/Items listing). Attach an additional sheet if necessary.

Group \_\_\_\_\_ Item \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Group \_\_\_\_\_ Item \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Group \_\_\_\_\_ Item \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Group \_\_\_\_\_ Item \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Group \_\_\_\_\_ Item \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Group \_\_\_\_\_ Item \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### MONTANA RESIDENT PREFERENCE AFFIDAVIT

The following section should *only* be filled out by businesses *physically located in Montana*. In certain instances, the State of Montana applies a "reciprocal" preference against non-resident bidders located in certain states. Branch offices of a Montana resident business *must* submit a separate affidavit in order to qualify for the application of a reciprocal preference.

**Type of Business Enterprise:** (Check and complete **ONLY ONE** applicable section)

☐ **Individual**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Have you been a resident of Montana 12 months prior to bidding? ☐ Y ☐ N

☐ **Partnership or Association**

List all names and addresses of all Montana resident partners or members. (Use additional sheets as necessary)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Have the majority of partners or members been residents of Montana for the last 12 months? ☐ Y ☐ N

☐ **Limited Liability Company**

List all names and addresses of all Montana resident members. (Use additional sheets if necessary)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Have the majority of all members been residents of Montana for the last 12 months? ☐ Y ☐ N

☐ **Corporation**

State of Incorporation \_\_\_\_\_

Is your company a wholly owned subsidiary of a non-Montana corporation? ☐ Y ☐ N

**Note: Only companies incorporated in Montana and not wholly owned by a non-Montana corporation are eligible to receive the Montana resident preference per section 18-1-103, MCA.**

I, \_\_\_\_\_ (name), being first duly sworn, depose and say: That I am the  
\_\_\_\_\_ (individual, partner, officer of corporation, or association officer) of the above-named business,  
and I have read the above and the information contained herein is true to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Typed or Printed Name of Notary

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**For State Use Only**

Preference: ☐ Y ☐ N Initial \_\_\_\_\_ Date \_\_\_\_\_